



2024 | Tanglewood Elementary  
School  
Camper and Buddy Application





Welcome to Camp Moreau! We are excited to begin our 14<sup>th</sup> year of Camp Moreau located in the South Glens Falls community! We have an exciting summer planned for our campers. **We will be holding the program at Tanglewood Elementary School this year.**

We have made some changes to our structure this year. We will no longer be offering a daily rate option. If you sign your child up, you must pay for the week. We are also reducing the number of hours we will be running the camp program. Camp will run from 9:00 am to 4:00 pm. Campers must be dropped off from 8:45 to 9:00 and picked up between 4:00 and 4:15. We are aware this may have an impact on parents who need day care. However, we believe this model will be the best for us to offer more of a learning experience.

While we will always strive to be all- inclusive, we also recognize that we cannot be all things to everyone. Camp Moreau is meant to be a safe and enriching place for your child to learn, play and grow during the summer. This is a chance for them to meet new friends, explore the outdoors, try new activities and adventures. We will allow children to have cell phones so they can contact you and you them, but electronics as a rule will not be allowed during camp. They have proven disruptive and take away from the experience of the activities.

As a registered school age childcare program with the Office of Children and Family Services, we will be following their regulations. We know this is a lengthy packet – OCFS requires that we provide you with this information.

We have included all the information from our program in this handbook and welcome you to reach out and ask any additional questions.

Thank you for choosing to send your child(ren) to Camp Moreau!

Sincerely,

Donna Nichols  
Executive Director

Jenn Rich  
Youth Director

## Program Information

### Registration

Registration begins on March 12, 2024, and ends on June 24, 2024 (or when camp is full). A non-refundable registration fee of \$25 will be applied per family. The first full week's payment is also due at the time of registration. All registrations should be done in person at The Moreau Community Center Monday thru Friday between 8am – 4pm. This allows us to go over the packet, set our expectations, and answer any questions you may have. If you cannot get to the Center, please call Jennifer Rich or Donna Nichols to have a discussion prior to enrollment. Immunization records must be provided during registration for all children enrolling in our program.

### Eligibility

Children entering kindergarten in fall 2024 up to age 12 are eligible for Camp.

Limited opportunities are available for camp “buddies” ages 13 – 15. This summer we will accept 8 responsible, dependable teens. This is considered an opportunity for future employment, not just a “time-filler.” This year, only past campers or buddies will be considered.

### Dates

Monday thru Friday beginning July 1<sup>st</sup> running (7) weeks through Friday, August 16<sup>th</sup> (the 7 week duration is due to the late ending of school this year and the fact that we need to give the school two weeks to prepare for the start of school at the end of the summer).

No camp on Thursday July 4, 2024

### Hours

Full Day Camp: 9am – 4:00 pm

Drop off: between 8:45 and 9:00 Pick-up: between 4:00 and 4:15

If you must pick up earlier, please contact Jenn Rich.

### Lunch and Snacks

Each child must bring a lunch daily. We do not have access to refrigerators or microwaves so please plan accordingly. Hydration is important, so please send your child in with a water bottle also. We discourage metal cups such as “Stanley” cups as they are large and spill easily.

A healthy afternoon snack will be provided daily.

### Location

Camp drop- off and pick- up will be at Tanglewood Elementary School, side door of the cafeteria.

### Sunscreen/Bug spray

Please have children sunscreen and bug sprayed upon arrival to camp. Extra sunscreen will be applied on water activity days only.

# Camp Moreau Registration 2024

## Children's Information

1<sup>st</sup> Child's Name \_\_\_\_\_

Gender (Please circle) M or F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Ethnicity \_\_\_\_

Child shirt size: \_\_\_\_

2<sup>nd</sup> Child's Name \_\_\_\_\_

Gender (Please circle) M or F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Ethnicity \_\_\_\_

Child shirt size: \_\_\_\_

3<sup>rd</sup> Child's Name \_\_\_\_\_

Gender (Please circle) M or F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Ethnicity \_\_\_\_

Child shirt size: \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

## Gender/Ethnicity

*Each year we receive funding from the Saratoga County Youth Bureau. Part of the grant requirements are demographic information such as gender, age, and ethnicity. We only use the information given to us on gender and age for the Youth Bureau Funding. If you prefer not to give this information, please leave this section blank.*

## Parent/Guardian Information

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Place of Employment : \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail \_\_\_\_\_

## Authorized Pick up List

Person(s) other than parent/guardian listed above authorized to pick-up

_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)
_____	_____
(Name)	(Relationship)

**NOTE:** Children will only be released to members listed on this registration form and **MUST** show photo ID upon pick up.

## Emergency Contact – (who to contact after parents)

Name: _____	Relationship: _____	
Phone # _____	_____	_____
(Home)	(Work)	(Cell)
Name: _____	Relationship: _____	
Phone # _____	_____	_____
(Home)	(Work)	(Cell)
Name: _____	Relationship: _____	
Phone # _____	_____	_____
(Home)	(Work)	(Cell)

SCAN

## Health Information

In an effort to ensure we can properly care for your child in the event of an emergency, please provide the following information:

Child #1 Name \_\_\_\_\_

Child's Group Number \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Child's Group Number \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Child's Group Number \_\_\_\_\_

Insurance Carrier \_\_\_ CDPHP \_\_\_\_\_ ID Number# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE:** Immunizations Records must be turned in with each application.

**Please answer Yes or No to be below questions:**

My Child has the following allergies:

- |              |    |                             |
|--------------|----|-----------------------------|
| Bees         | No | Yes (please describe below) |
| Pollen       | No | Yes (please describe below) |
| Penicillin   | No | Yes (please describe below) |
| Insect Bites | No | Yes (please describe below) |
| Food         | No | Yes (please describe below) |
| Other:       | No | Yes (please describe below) |

My child requires a special diet No Yes (please describe below)

\_\_\_\_\_  
\_\_\_\_\_

My child has a medical or developmental condition requiring special attention. Please include any diagnoses that may impact functioning or behavior challenges.

No Yes (please describe below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any factors that make it advisable for your child to follow a limited program of physical activity, i.e. heart condition, recent fractures, surgery, asthma or extreme fears? If so, what?

---

---

### Authorization for Medical Treatment

I, parent or legal guardian of the above-named minor, do hereby appoint The Moreau Community Center staff to act on my behalf in authorizing unexpected or emergency medical, dental, or surgical care or hospitalization in my absence.

The health history given on this application is correct and accurately reflects the known health status of the registered camper(s). The camper(s) described has permission to participate in all camp activities. I give permission to camp staff to apply basic first aid, to apply children's sunscreen on water days; and to provide or obtain emergency care and transportation for the camper, if needed. I give permission to the physician selected by staff to order x-rays, tests, and treatment related to the health of my child(ren) in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Moreau Registration Form

Our summer program is a state certified program, registered through the Office of Children and Family Services. As such, we are required to maintain specific staffing ratios and will plan our staffing accordingly to registration.

**Weekly Rate:** \$190 for first child, \$175 for each additional child

Please mark the weeks your child(ren) plan to attend Camp Moreau. Once your registration is complete, you will be billed in accordance with your schedule. Due to staffing regulatory requirements, we must staff according to the registration; therefore, you will be required to pay regardless of actual attendance.

Please note that this is a weekly fee. There is no difference in charge if your child(ren) attend one day or all week.

Please mark the week (s) your child(ren) plan to attend.

Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	

Based on the above registration, your total summer camp fee will be: \_\_\_\_\_



## Parent/Guardian Acknowledgements

### Liability Waiver

I release the Civic Center of Moreau, Inc. (The Moreau Community Center) and any of its employees, volunteers and board members of any liability in the event of lost, stolen and/or damaged personal belongings, an accident or emergency occurring while my child is participating in Camp Moreau and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Code of Conduct

Verbal abuse of staff will not be tolerated by parents or anyone picking up children. We wish we didn't have to say this, but we had some incidents involving this behavior last year.

Children are expected to follow our Camp Moreau Code of Conduct which includes following all staff directions, always staying with staff members, and respecting other children, staff, and property.

The following will not be tolerated at Camp Moreau: use of foul language, aggressive physical contact, verbal abuse, weapons, fighting or physical altercations with staff or children.

Parents will be accountable for damage caused by their child(ren).

Personal belongings (toys, electronics, etc.) are not permitted at camp. Cell phones are permitted for older children but must be put away during the program. Pictures may not be taken of other children.

The Moreau Community Center assumes no responsibilities for any personal property that is lost or stolen.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photographs

I hereby grant permission for Moreau Community Center ("The Center") to photograph my child(ren) participating in Camp Moreau activities. Such photos may be used for printed materials such as brochures, newsletters, website, etc. The Center will exclude names from all material.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I DO NOT give permission for The Center to use photographs of my child(ren).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Transportation

I hereby grant permission for my child to travel with the Summer Camp Program to sites away from and to Tanglewood Elementary School. I understand she/he will travel by school bus. Please note scheduled bus trips will be on Wednesdays. If this changes you will be notified.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Swimming

I hereby grant permission for my child(ren) to participate in the Camp Moreau swimming activities. All swimming events will be staffed with lifeguards and will include Camp Moreau staff which have completed CPR, AED, Basic /First Aid training. A 1:10 ratio will be maintained for supervision at all times.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Sunscreen

I hereby grant permission for Camp Moreau staff to apply sunscreen when deemed necessary. Children should bring their own sunscreen to camp. If no sunscreen is provided, we will provide sunscreen. Please note that staff will only apply sunscreen to your child on water event days. This will be posted on our camp bulletin board ahead of time.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Cell Phone/Apple Watch Policy:

We recognize that cell phones/watches are a part of daily life. Children may use cell phones during free time but need to put them away during activities.

If a child feels that she/he need to use their phone during the program, she/he will need to go to one of the staff members at the program. The staff member will take the student to a quiet location where she/he can have a brief private conversation while still being monitored and then return to the group.

If parents/guardians need to be reached during the program time, staff have that information and will use the school phone or their own personal cell phone to communicate with parents/guardians.

If a child has a cell phone out, he/she will be asked to put it in his/her backpack. If the child does not comply after two requests, Camp staff will request the phone be held by the Director.

If a child wants to text or call parents, they can go to the staff and tell them what they are doing. The staff don't need to know what the text says, nor hear the conversation. We just need to see the person's name to start the conversation and be in the vicinity.

## **Behavior Management Policy**

Camp Moreau is regulated by Office for Children and Family Services (OCFS) regulation 414.9 and provides staff with guidance and tools for managing the behavior of the children in our Camp Moreau program. The policy will outline approaches for handling behaviors and assisting children with making good choices and solving problems. Every parent or guardian will receive a copy of the behavior management policy prior to registration and will be asked to sign that he/she has reviewed the policy.

Children will be provided with guidelines of acceptable behavior. These guidelines will be reviewed with children as a group on the first day of the program, and as needed either in a group setting or with individuals throughout the duration of the program/school year. Included will be examples of behaviors which are unacceptable. Any behavior which results in intentional injury or aggression to another child will prompt a conversation with the child's parent/guardian.

All program staff will be responsible for providing a positive and nurturing environment for children. Staff may use teachable moments to assist children with developing self-control and assuming responsibility for his or her actions. If a child needs to be addressed regarding behavior, the staff member will separate the child from the group and speak to him or her privately.

Techniques for staff to utilize include, but are not limited to:

- Be engaged and interested with and in children
- Set clear expectations and reinforce these expectations
- Show concern for what happens with children
- Recognize and be aware of developmental stages of children
- Redirect and distract from problematic situations
- Focus on what the child "should do", not what he/she "shouldn't do"

Conflict Resolution: Children are still learning to safely and constructively resolve conflicts with each other. Learning how to resolve conflict is a significant piece of our behavior management policy. Staff have received training on how to help children verbally express their thoughts and feelings, understand the perspective of others, and come up with solutions to avoid conflict.

Bullying: Bullying is demeaning or harassing someone over time in order to make them feel “less than.” Any instances of true bullying behavior should be communicated to the Director as soon as possible and appropriate action will be taken to address the situation.

At times, physical intervention may be necessary, however intervention is the act of preventing serious injury by using contact in a short-term situation. If a child is attempting to hurt himself or others, staff should intercede as soon as possible to prevent injury.

When a child’s behavior harms, or is likely to harm, another child, damages property, or is seriously disrupting the group interaction, the child will be separated briefly from the group. The duration of the separation should be only long enough for the child to regain self-control so he or she can rejoin the group. The child must be placed where staff can see him or her. One staff member should talk to the child and help guide the child toward making better choices. Taking away activities, gym time, or any other punitive actions is prohibited.

If a child’s behavior becomes dangerous or problematic beyond a single incident, staff will notify the Director who will consult with the Executive Director and the parent/guardian to address the problem in a timely manner. Any behavioral incidents will be documented on the required form. A copy of this form will be provided to the child’s parent/guardian.

Suspension from the program may be required at the discretion of The Executive Director in consultation with the Program Director. **A child can be suspended for a first-time offense if the behavior has been determined to be disorderly and/or causes harm to themselves and/or others.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child ever been suspended from school for aggression or disorderly behavior? If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

NO Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child Day Care Programs**

Provider Name: Moreau Community Center Facility ID Number: 00041790 SACC

Program Name: Camp Moreau

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above childcare program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan 07/01/2024 – 08/16/2024

I give permission for my child (*name*) \_\_\_\_\_  
to be transported by (*caregiver names and/or transportation contractor arranged for by the program*) The South Glens Falls School District. Only SGF approved bus drivers will drive the buses.

At the following times (*check all that apply*):

- Only as recorded on the posted transportation schedule for my child
- Other (*explain*)
- Transportation during Camp Moreau will occur:
  - On Wednesdays and Thursdays and some Tuesday's
  - In case of an emergency requiring children need to be bussed to an alternate location. Parents will be notified if this happens.
  - Alternate locations will be another SGF school.

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: \_\_\_\_\_

Parent Signature: **X** \_\_\_\_\_

Date \_\_\_\_\_



## Provider/Parent-Guardian Payment Agreement

The Moreau Community Center's Camp Moreau summer program is committed to the operation of a safe, quality environment for children in grades K-7. We pledge to make your child's care and well-being a priority and to communicate openly.

**As a non-profit organization, it is essential that fees are paid on time. Our staffing, supplies and field trips are directly supported by these fees.**

Payment is due on the Friday before the upcoming week of camp for which your child(ren) is registered for. You will be required to pay for each week that your child is registered, regardless of attendance.

If families have a current balance with The Moreau Community Center for Kids Korner, such balance must be paid in full before Camp Moreau registration can be completed. We have the right to suspend services if your bill is outstanding beyond 3 weeks.

### Payment Options:

We offer several payment options:

- Check (Made out to Moreau Community Center)
- Credit Card payments via phone
- Cash (must be done in person)
- Paypal ([www.moreaucommunitycenter.org/youth-programs](http://www.moreaucommunitycenter.org/youth-programs))
  - Please ensure you put your child(ren)'s name on the memo line to ensure the appropriate account is applied.

To make a payment over the phone, please call 518-792-6007:

Nancy Douglas, Accounting Specialist ext. 23

*\*Note: No payments can be accepted at camp.*

**Late Fee:** If payment is not received by the end of the week, a \$15 late fee will be applied. If payments are more than three weeks late, your child will be withdrawn from the program. Any account falling into arrears will be handled as follows:

- One reminder phone call and an e-mail with a copy of your invoice will be sent
- If the account is not made current within (14) days, a disenrollment letter will be issued. Upon receipt of payment, your child will be re-enrolled without a new registration fee.

- If the account is not made current within one month, a letter will be issued with a copy to legal claims.

**Late Pick-up Fee:** If your children are not picked up by 4:15 pm, a \$25 late fee will be charged.

**Returned Check Fee:** A \$30 fee will be accessed for any check returned from the bank for insufficient funds.

**Payments made by DSS (Department of Social Services)**

Parents approved by DSS are responsible for all fees not covered by DSS. Because DSS payments are often delayed, parents/guardians must pay at least \$20.00 per week. If DSS pays more than this, we will credit your next invoice.

Please sign below to indicate you understand the terms of this agreement.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note that the Teen Buddy program is free of charge. We are only accepting 8 buddies this year. To be a Buddy you must be a past camper or Buddy.**

## Health



### **Illness/Injury Policy**

If a child is ill or injured, we will contact parents/guardians first. If the parents/guardians can't be reached, we will contact documented emergency contacts. Children will be cared for and monitored in a separate and quiet area until they can be picked up.

If a child is injured and immediate medical attention is required, we will contact parents/guardians, emergency contacts and 911 as necessary for severity of injury.

Please don't bring your child to camp if he/she is vomiting, has toileting issues or is running a fever.

If your child has a temperature, your child must stay out of the program for 24 hours following the return of a normal temperature.

Your child cannot attend camp if the following signs of illness are present:

- **Cough (new or worsening)**
- **Shortness of breath (new or worsening)**
- **Trouble breathing (new or worsening)**
- **Fever**
- **Chills**
- **Muscle pain (new or worsening)**
- **Headache (new or worsening)**
- **Sore throat (new or worsening)**
- **New loss of taste**
- **New loss of smell**

Please note that we are unable to administer any medications. Emergency medication such as epi-pens, inhalers, or any other medication that is required to be taken immediately if certain symptoms arise are exempt from this rule. Children should be able to administer these medications to themselves. If your child has an emergency (prn) medication, please fill out the OCFS form.

All minor injuries will be documented in a health binder and parents will be notified upon pick-up.

All injuries that require any medical attention will be documented and an incident report will be made. Copies are available for parents upon request.

A complete copy of our Health Care Plan will be available at the Program Site



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN**

**Instructions:**

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: \_\_\_\_\_ Date of Plan:    /    /  
 Date of Birth:        /        /                      Current Weight:        lbs.  
 Asthma:  Yes (higher risk for reaction)     No

**My child is reactive to the following allergens:**

Allergen:	Type of Exposure: (i.e., air/skin contact/ingestion, etc.):	Symptoms include but are not limited to: (check all that apply)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)

If my child was **LIKELY** exposed to an allergen, for **ANY** symptoms:

give epinephrine immediately

If my child was **DEFINITELY** exposed to an allergen, even if no symptoms are present:

give epinephrine immediately

**OCFS-6029** (12/2020)

**Date of Plan:**        /        /

**THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS** including, but not limited to:

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

**MEDICATION/DOSES**

- Epinephrine brand or generic:
- Epinephrine dose:  0.1 mg IM     0.15 mg IM     0.3 mg IM

**ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS**

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

#### **STORAGE OF EPINEPHRINE AUTO-INJECTORS**

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

#### **MAT/EMAT CERTIFIED PROGRAMS ONLY**

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

**\*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

#### **STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR**

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:

**All medications will be kept in the Pod safety bag that will remain with an adult at all times and with the Pod at all times.**

## **Camp Schedule**

The Blue Group (ages 4 – 6) will remain with the same staff all day for consistency. They will still get the range of activities based on their developmental level. The other age groups will rotate between modules, including.

- Nature and science-based educational sessions
- Sports
- Crafts
- Outdoor fun!
- And much more!!

### **Absent Camper Policy**

You must sign up in advance for each week that your child(ren) is planning to attend. If he/she will not be attending that week, please call Jenn Rich or text her your child's name that they will not be attending. Please let Jenn know if the absence is for illness or a schedule change.

### **Meal time Policy**

A bag lunch and a refillable water bottle is required each day. Children will only eat lunch brought from their home. Sharing meals between campers is strictly prohibited due to potential allergies.

Prepackaged snacks will be provided each afternoon.

Before and after each meal children will wash their hands.



## Important Parent Information

### Preparing for Camp

Office: Give  
pages 20 to 42  
to parents at  
registration

A backpack with the following labeled items:

1. Socks and Sneakers
2. Water bottle (not metal, if possible)
3. Lunch (with freezer pack, if necessary)
4. Sunscreen applied before arrival (sunscreen is only applied on swim/water days)
5. Swimsuit and towel on Wednesdays (additional water days made be added)
6. A change of clothing for accidents.  
(Sometimes it happens, we get excited focused on fun that we forget to listen to our body and “forget to go!”)
7. Any day could be a water day! Please bring water clothes and a towel.  
*belongings (toys,*



*\*Please leave personal electronics, etc.) at home.*





**Caregiver(s)**

<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		
<hr/>		
<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		

**Witnesses to the Incident**

<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		
<hr/>		
<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		

**Parent/Guardian Notified**

<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		
<hr/>		
<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		

**Office of Children & Family Services Notified By**

<b>Name:</b> _____ <small>(PRINT Full Name)</small>	<b>Date:</b> _____ <small>(MM/DD/YY)</small>	<b>Time:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ <small>(Signature)</small>		

# COMMUNICATION FORM

MOREAU COMMUNITY CENTER 144 MAIN STREET  
SOUTH GLENS FALLS, NY 12803

DATE: \_\_\_\_\_

PROGRAM LOCATION: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

PERSON FILING REPORT: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DEAR PARENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_

(Staff please make copy and bring to office)

DEAR PARENTS:

This form is being used to keep you informed of any problems or report positive behavior your child displays during our Kids Korner/Camp Moreau Programs. Hopefully, it will improve communication between parents and staff, and that can only benefit the child. If you have any questions, please contact Jennifer Rich, Youth Program Director at 792-6007 ext. 17. If you need further assistance, you may then contact Donna Nichols, Executive Director at the Center at 792-6007 ext. 10.



## **Safety**

### 414.8 Supervision of Children (OCFS Regulation)

- Children cannot be left without competent direct supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher's range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must account for the child's age emotional, physical, and cognitive development.
- School-age child- care programs must employ staff who will promote the physical, intellectual, social, cultural, and emotional well-being of the children.
- The school-age child- care program must provide supervision of the staff responsible for the care of children. Workloads and assignments must be arranged to provide consistency of care to children and to allow staff to fulfill their respective responsibilities.
  1. No person other than a director, group teacher or assistant teacher may supervise a group independently even for brief periods of time, except in an emergency.
  2. No person under 18 years of age may be left alone to supervise a group of children at any time, including in an emergency.
- A group teacher, meeting the qualifications of section 414.13, is required for every group of children.
- An additional group teacher or an assistant teacher is required when the number of children in the group dictate that a second teacher be present to meet the teacher/child ratio.
- Whenever the school-age child- care program is in operation and the director is away from the premises, there must be a staff person to act on behalf of the director, who is knowledgeable about the programs operation and policies.
- A staff person who is qualified to perform the duties of an absent staff member must be provided when needed to comply with the applicable teacher/child ratios.

- In other than emergency situations such as illness or accident, parents must be notified in writing 2 weeks prior to any long-term absence of the teachers. This notice must include specific start and end dates of the absence and who will be taking the teacher's place in the day care program.
- When a school-age child- care program is in operation, an adequate number of qualified staff must be on duty to protect the health and safety of the children in care.

Minimum Supervision Ratios Based on Group Size

AGE OF CHILDREN	TEACHER/CHILD MAXIMUM RATIO	MAXIMUM - GROUP SIZE
through 9 years	1:10	20
10-12 years	1:15	30

\*Please note: The Moreau Community Center follows the best practice of maintaining a 1:10 ratio.

The supervision ratios are as follows:

1. For a child of school-age through the age of nine years old:
  - i. There must be one teacher for every ten children;
  - ii. The maximum group size is twenty children
2. For children between the ages of ten years old and twelve years old:
  - i. There must be one teacher for every fifteen children;
  - ii. The maximum group size is thirty children.

Group size and mixing different age children within groups.

- Group size refers to the number of children cared for together as a unit. Group size is used to determine the minimum teacher/child ratio based upon the age of the children in the group.
- Group size must be maintained in common areas of the building and grounds.
- Groups of children may not be mixed together to use outdoor play areas, exercise areas, gym rooms or other common areas of the center unless, the space is large enough to accommodate multiple groups which must be kept separate.
- When a school-age child- care program cares for children in groups including children both over and under 10 years of age, the teacher/child ratio used must be that ratio applicable to the youngest child in the group.
- There must be a director, group teacher or assistant teacher supervising all applicants, volunteers and persons in the process of approval.
- The use of any type of device for social or entertainment purposes, listening to music on headphones, playing screen games, using the internet or making personal calls while supervising children is prohibited. The use of mobile phones is permitted as necessary to promote the children's safety and ensuring the orderly operation of the program.

- The director must approve all plans for field trips, including the type of activity, development needs of children and whether there is the need for additional staff to provide adequate supervision. Such plans must take into consideration the developmental needs of the children.

#### Releasing children from care.

- No child can be released from the school-age child- care program to any person other than his or her parent(s), person currently designated in writing by such parent to receive the child, or any other person authorized by law to take custody of a child.
- No child can be released from the school-age child- care program unsupervised except upon written permission of the child's parent. Such permission must be acceptable to the school-age child- care program and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.
- When transportation is provided as a service by the program, no child can be released from the day care program directly to the child's home or other destination without first verifying that the parent or person(s) designated by the parent to receive the child is present at that destination to receive the child.

#### Visitor control procedures.

- Each school-age child- care program shall require any and all visitors to the facility to:
  - sign in upon entry to the premises;
  - indicate in writing the date of the visit and the time of entry to the facility;
  - clearly state in writing the purpose of the visit; and
  - sign out upon departure from the facility indicating in writing the time of departure.
- Each school-age child -care program shall establish written rules and policies as are necessary to provide for monitoring and control of visitors to protect the health, safety and welfare of children in care.
- A teacher must accompany children to the bathroom whenever the bathroom used by the children in care is also available to the public or shared by multiple parties using the facility.
- When bathrooms are exclusively used by the children at the school age child -care program, children may go to the bathroom independently under the following circumstances:
  - the bathroom entrance is within sight of the child- care space or activity area being used at the time the child asks to use the bathroom; and
  - the child has permission from the teacher; and

- a plan is followed that allows one child at a time to use the bathroom; and
- there is a plan followed that requires a teacher to be mindful of the time elapsing since the child left to use the bathroom; and
- that a teacher locate the child using the bathroom, if that child does not return to the group after a reasonable time period has elapsed.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
EMERGENCY EVACUATION PLAN FOR CHILD DAY CARE

**This plan must be developed for the emergency evacuation of children, in accordance with current regulations, and be made available to all staff and parents.**

PROVIDER/PROGRAM:

Moreau Community Center -Camp Moreau

ADDRESS:

The safe evacuation of children is the first priority  
Children must never be left without adult supervision

**Emergency Alert**

**How will you make the children aware of an emergency?**

(Use a sound that the children hear only when there is an emergency/drill – example, smoke detector, whistle, bell, etc.)

A fire alarm or bell will ring.

**Evacuation Routes**

**PRIMARY**

Front main entrance of the school building.

**SECONDARY**

Side and back entrances of the school building.

(See Reverse)

EMERGENCY EVACUATION PLAN (Continued)

**Methods of Evacuation**

**How will you evacuate the children?**

Children will line up in a single line and walk quietly and quickly to the nearest exit

**Where will you take the children after evacuating the building?**

We will walk to the parking lot or the side fields, whichever is closer and at a safe distance from the building. We will have periodic fire drills to practice each groups' meeting place.

**How will you take attendance?**

Children will remain in a line. One staff member will count the children while another staff member calls names off.

**Who will take attendance?**

Team Leader

Assistant

**Who will make phone calls to the parents?**

Team Leader

Youth Director

**Notification of Authorities**

**Emergency Telephone Numbers:**

POLICE:

911 first or SGF Police (518) 792-6336 or state troopers  
583-7000

FIRE:

911 first or SGF 792-1674

**Who will make phone calls?**

Site Supervisor

Youth Director

**What phone will you use? (neighbor's, pay phone, pull box, cell phone, etc.)**

Cell phone

**Reminders**

- Fire Drills must be conducted on a regular basis in accordance with current regulations.
- Record Fire Drills on Record of Fire Drills form that will be posted at the program site.
- If you have questions regarding developing this plan, contact your local police and fire departments or your regional office fire safety representative.

## NEW YORK STATE

## OFFICE OF CHILDREN AND FAMILY SERVICES

**EMERGENCY PLAN: Shelter in Place****INSTRUCTIONS**

- Emergency Plan includes Evacuation and Shelter in Place
- Use the information on this page to assist you in answering the questions on pages 2 and 3 of this form
- You must share this information with parents
- Depending upon your location, you may want to develop additional plans for special circumstances (*weather, power plants, hazardous spills, etc.*)

**Shelter in Place defined**

Shelter in Place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than to evacuate.

Generally, Shelter in Place means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing all window shades, remaining in a room away from large windows or turning off heat and air conditioning systems. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. A Shelter in Place **drill** does not include an overnight stay and typically requires no more than a half an hour to complete.

**When to Shelter in Place**

Some situations that might require sheltering in place are:

- Severe weather conditions
- Extreme temperatures (*cold or hot*)
- A public disturbance that escalated to violent acts
- Chemical or biological spill
- Rabid animal sighting

Local authorities will provide you with information during an actual event. It is crucial that you follow

their instructions during and after emergencies regarding Shelter in Place.

**Where You Can Shelter**

Choose room(s) in your house or apartment for your shelter with as few windows and doors as possible. A large room, preferably with a water supply, is desirable – something like a master bedroom that is connected to a bathroom.

Different emergencies may require a different response.

**You should follow the directions provided by your local emergency services.**

**Design Your Plan**

- Designate safe location within the home
- Method used to alert children, caregivers and household members of emergency
- Method to ensure everyone is moved to a safe location (*using daily attendance sheet, performing room searches and head counts, etc.*)
- Method to alert emergency responders (*who calls 911 and how, if needed*)
- Identify how you will ensure everyone arrived safely at safe location (*using daily attendance sheet and head counts, etc.*)

- Method to engage children in quiet, safe activities while providing competent supervision.
- Method to inform parents in advance of your drills as well as during an actual emergency.

## **Sheltering Supplies**

You must have on site a variety of supplies including food, water, first aid and other safety equipment. In a real emergency, parents may be unable to pick up their children. For this reason, your plan must account for a child's needs for an overnight stay. You must be ready to provide continuous care for the duration of the emergency. Food supplies must be nonperishable and of sufficient quantity for all children in care.

### **Required Items**

- First aid kit
- Telephone
- Flashlight with extra batteries
- Food & Water
- Infant supplies (*if applicable*)

### **Items to Consider**

- Toileting/diapering supplies
- Battery-powered radio
- Materials to cover windows & vents, if needed
- Games & books
- Medications (*if applicable*)

The Office offers emergency preparedness training available on our website.

## **Practice, Practice, Practice!**

It is necessary to perform & document drills twice per year. The drill form is available online.

Parents must be notified in advance of your Shelter in Place drills.



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
Emergency Plan: Shelter in Place Plan  
Family and Group Family Day Care

**INSTRUCTIONS**

- Use the information on page 1 to assist you in answering the following questions
  - Practice drills must be conducted at least twice per year
  - This plan must be posted or filed in a readily accessible place; consider posting next to the evacuation diagram by the exits
  - This plan should be reviewed with all caretakers before an emergency • Please PRINT clearly

Program Name:

Camp Moreau/Kids Korner

**The Location(s)**

Identify the room(s) where you will Shelter in Place. Use the space below to indicate the room(s) you've chosen:

**Primary Room:** Gym

**Secondary Room:** *(if space allows)* Cafeteria

**Room & Supply Preparation**

Does the room have windows?

Yes - below the roof.

What supplies will you keep stocked?

Water, snacks, Peanut Butter and Jelly, Bread, First Aid Kit

Where will you keep your Shelter in Place supplies?

Storage Closet

How will supplies be accessed in an emergency?

Always accessible for use

How often will you inspect the condition of your emergency supplies?

Weekly inventory will be taken

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**Family and Group Family Day Care**

Program Name:

Camp Moreau/Kids Korner

**Alerting Staff, Children, 911, Parents & OCFS**

How will you notify everyone in the home of the need to Shelter in Place?

By phone

If necessary, who will call 911 and how?

Youth Director: by phone

How will you notify parents of drills and actual emergencies?

All drills will be conducted on a regular basis and is explained in the Camp Moreau/Kids Korner application. All records of drill will be posted at the program site and made readily available for parents to view and/or request.

Parents will also have this form as well as fire drill forms/directions in the Kids Korner/Camp application.

In the event of an actual emergency, when will you notify Office of Children & Family Services?

During or after the event depending on the severity

**Occupying the Children While Sheltering**

What types of activities will you provide to occupy the children while sheltering in place?

coloring/crafts, board games, reading area.

How will you meet the health, safety and emotional needs of children?

First Aid kit, reassuring kids that parents are aware of what is happening and updating on new appropriate information

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
TRANSPORTATION PLAN  
**Child Day Care Programs**

Provider Name: Moreau Community Center Facility ID Number: 00041790 SACC

Program Name: Camp Moreau

Effective Date of Transportation Plan: 06 / 26 / 2024

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curb side of the street.  
Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by: (who) South Glens Falls School District
4. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
5. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
6. The Program will display daily transportation schedules at the following locations: (where)  
On The bulletin board with the camp calendar. Online at [www.moreaucommunitycenter.org](http://www.moreaucommunitycenter.org). Parents will be verbally notified of daily transportation scheduling.
7. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

8. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.

9. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:

Staff will make a final sweep upon deboarding the bus to ensure all children have left the bus.

## Important Numbers

<u>US Consumer Product Safety Commission</u>	<u>1-800-638-2772</u> <u><a href="https://www.cpsc.gov/">https://www.cpsc.gov/</a></u>
<u>Food and Drug Administration</u>	<u>1-888-463-6332</u>
<u>Poison Control</u>	<u>1-800-222-1222</u>
<u>Child Care Resource and Referral Agency - Office of Children and Family Services</u>	<u>1-518-402-3038</u>
<u>Child Care Licensor – Jacqueline Mason</u>	<u>1- 518-486-5505</u> <u><a href="mailto:Jacqueline.Mason@ocfs.ny.gov">Jacqueline.Mason@ocfs.ny.gov</a></u>
<u>Moreau Community Center</u>	<u>Executive Director - Donna Nichols –</u> <u>518-792-6007 ext. 10</u> <u><a href="mailto:donna@moreaucommunitycenter.org">donna@moreaucommunitycenter.org</a></u>  <u>Youth Director – Jennifer Rich –</u> <u>518-792-6007 ext. 17</u> <u>Cell – 518-222-5653</u> <u><a href="mailto:jabare@moreaucommunitycenter.org">jabare@moreaucommunitycenter.org</a></u>
<u>Saratoga County Covid-19 Hotline</u>	<u>518-885-2276</u>

The Youth Programs are licensed/Registered under the Office of Children and Family Services. Regulations can be found on <http://ocfs.ny.gov/main/childcare/regs/414-SACC.pdf>

Each day we will provide a healthy snack. We strive to follow nutritious guidelines. If your child has a food allergy or wishes to have a snack that we do not have please pack a separate snack for them for snack time.



**All Moreau Community Center staff are registered Mandated Reporters. It is our responsibility to report anything that may be questionable as abuse. Below is a copy of a report that would be filled out if necessary.**

LDSS-2221A (Rev. 10/2008) FRONT

Report Date

Case ID

Call ID

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED

Time : AM  PM  Local Case #

Local Dist/Agency

**CHILD ABUSE OR MALTREATMENT**

**Subject to Report**

Last Name, First Name, Aliases    Sex    Birthday or Age    Race Code    Hispanic/Latino (Y/N)    Relation Code    Role Code    Lang Code

Last Name, First Name, Aliases	Sex	Birthday or Age	Race Code	Hispanic/Latino (Y/N)	Relation Code	Role Code	Lang Code

Example of NYS  
Child Abuse  
Report Form

MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)

(Area Code) Telephone No.


**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

\_\_\_ DOA/Fatality \_\_\_ Child's Drug/Alcohol Use \_\_\_ Swelling/Dislocation/Sprains \_\_\_ Fractures \_\_\_ Substances Poisoning/Noxious \_\_\_ Educational

**Neglect**

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| ___ Internal Injuries (e.g., Subdural Hematoma)                  | ___ Choking/Twisting/Shaking       | ___ Emotional Neglect                |
| ___ Lacerations/Bruises/Welts                                    | ___ Lack of Medical Care           | ___ Inadequate Food/Clothing/Shelter |
| ___ Burns/Scalding   | ___ Malnutrition/Failure to Thrive | ___ Lack of Supervision              |
| ___ Excessive Corporal Punishment                                | ___ Sexual Abuse                   | ___ Abandonment                      |
| ___ Inappropriate Isolation/Restraint (Institutional Abuse Only) | ___ Inadequate Guardianship        | ___ Parent's Drug/Alcohol Misuse     |
| ___ Inappropriate Custodial Conduct (Institutional Abuse Only)   | ___ Other (specify)                |                                      |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any

(If known, give time/date of alleged incident)  
MO

evidence or suspicions of "Parental" behavior contributing to the problem.	DAY YR	Time: AM/PM
	Additional Sheets attached <input type="checkbox"/> The Mandated Reporter Requests Finding of Investigation <input type="checkbox"/>	

<b>CONFIDENTIAL</b>		<b>SOURCE(S) OF REPORT</b>		<b>CONFIDENTIAL</b>	
NAME	(Area Code) TELEPHONE NAME	NAME	(Area Code) TELEPHONE NAME		
ADDRESS			ADDRESS		
AGENCY/INSTITUTION			AGENCY/INSTITUTION		

**Relationship**

Med Exam/Coroner  
  Physician  
  Hosp. Staff  
  Law Enforcement  
  Neighbor  
  Relative  
  Instit. Staff  
 Social Services  
 Public Health  
 Mental Health  
 School Staff  
 Other (Specify)

**For Use by Physicians**

Medical Diagnosis on Child	Signature of Physician who examined/treated child	(Area code) Telephone No.
----------------------------	---	---------------------------

**Hospitalization Required:**

None  
 Under 1 week  
 1-2 weeks  
 Over 2 weeks

**Actions Taken Or About To Be Taken**

Medical Exam  
 X-Ray  
 Removal/Keeping  
 Not Med Exam/Coroner  
 Photographs  
 Hospitalization  
 Returning Home  
 Notified DA

Signature of Person Making this Report	Title	Date Submitted
--	-------	----------------

Example of NYS  
 Child Abuse  
 Report Form

**TO ACCESS A COPY OF THE LDSS-2221A FORM:** Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>

Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> OR

**TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications**, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144**. If you have difficulty accessing this form from either site, you can call **The Forms Hot Line at 518-473-0971**. Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

### New York State Office of Children and Family Services

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS <i>(Choose One)</i>	ROLE CODE <i>(Choose One)</i>	LANGUAGE CODE <i>(Choose One)</i>	
<b>AA:</b> Black or African-American <b>AL:</b> Alaskan Native <b>AS:</b> Asian <b>NA:</b> Native American <b>PI:</b> Native Hawaiian/Pacific Islander <b>WH:</b> White <b>XX:</b> Other <b>UNK:</b> Unknown	<i>(Check Only If Hispanic/ Latino)</i>	<b>AU:</b> Aunt/Uncle <b>CH:</b> Child <b>GP:</b> Grandparent <b>FM:</b> Other Family Member <b>FP:</b> Foster Parent <b>DK:</b> Unknown <b>AC:</b> Administrator <b>CP:</b> Child Care Worker <b>DO:</b> Director/Operator	<b>XX:</b> Other <b>PA:</b> Parent <b>PS:</b> Parent Substituted <b>UH:</b> Unrelated Home Member <b>UK:</b> Unknown <b>IN:</b> Instruct. Non-Prof. <b>IP:</b> Instit. Pers/Vol <b>PI:</b> Psychiatric Staff	<b>AB:</b> Abused Child <b>MA:</b> Maltreated Child <b>AS:</b> Alleged Subject (Perpetrator) <b>NO:</b> No Role <b>UK:</b> Unknown	<b>CH:</b> Chinese <b>CR:</b> Creole <b>EN:</b> English <b>FR:</b> French <b>GR:</b> German <b>HI:</b> Hindi <b>HW:</b> Hebrew <b>IT:</b> Italian <b>JP:</b> Japanese <b>KR:</b> Korean <b>MU:</b> Multiple <b>PL:</b> Polish <b>RS:</b> Russian <b>SI:</b> Sign <b>SP:</b> Spanish <b>VT:</b> Vietnamese <b>XX:</b> Other

Example of NYS Child Abuse Report Form

**Abstract of Sections from Article 6, Title 6, Social Services Law, Section 412. Definitions**

1. **Definition of Child Abuse**, (see also N.Y.S. Family Court Act Section 1012(e))  
 An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:
  - 1) Inflicts or allows to be inflicted upon the child serious physical injury, or
  - 2) Creates or allows to be created a substantial risk of physical injury, or
  - 3) Commits sexual abuse against the child or allows sexual abuse to be committed.
2. **Definition of Child Maltreatment**, (see also N.Y.S. Family Court Act, Section 1012(f))  
 A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:
  - 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
  - 2) in providing the child with proper supervision or guardianship; or
  - 3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
  - 4) by misusing a drug or drugs; or
  - 5) by misusing alcoholic beverages to the extent that he loses self-control of his actions; or 6) by any other acts of a similarly serious nature requiring the aid of the Family Court; or 7) By abandoning the child.

**Section 415. Reporting Procedure.** Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

**Submit the written paper copy of the LDSS-2221A form originally signed to: the County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site <http://www.ocfs.state.ny.us/main/localdss.asp>.**

**Residential Institutional Abuse Reports:** Submit a paper copy of form, LDSS 2221A, originally signed. It must be submitted directly to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.



**Section 419. Immunity from Liability.** Pursuant to Section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

**Section 420. Penalties for Failure to Report.**

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
2. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

Example of NYS  
Child Abuse  
Report Form

**Continued:** State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO  
DAY  
YR

Time :  AM  PM

Example of NYS  
Child Abuse  
Report Form